

The Art of Private Veterinary Practice

L'art de la pratique vétérinaire privée



When what makes sense doesn't

Myrna Milani

“Well, that was frustrating!” announces Dr. Hagendorf as she enters the office she shares with a new associate veterinarian. “Have you ever seen Roger Secour and his French bulldog, Marie?”

“Only once if she’s the Marie with chronic skin problems,” replied the practice’s latest addition.

“Indeed she is,” agrees Dr. Hagendorf. “Mr. Secour is a nice person and seems very concerned about Marie. He’s not like those clients who give me a blank look when I discuss their animals’ problems and the treatment necessary to help them. Instead, he seems fully engaged. He asks intelligent questions and asks me to repeat my answer or rephrase it if he doesn’t understand. When he does understand something, he tells me that too.”

“So what’s the problem?” asks the other practitioner. “He sounds like the perfect client to me!”

“The problem is that even though I feel confident that he gets what I’m telling him at the time, the next time I see him and Marie it’s obvious he didn’t,” explains Dr. Hagendorf. “And I don’t know what to do.”

When most practitioners think of noncompliant clients, they think of those whose verbal responses and body language signal that these clients are disengaged from the process. They are with the practitioner in the examination room or stall, but their minds are obviously somewhere else. Some of these clients periodically may sneak a peek at their watches or phones. Others may look around the examination room or out a window. Those in a third group may roll their eyes, stifle yawns, or otherwise signal their disinterest or boredom. If they have any questions — and often they do not — their queries tend to be few and superficial.

When Dr. Hagendorf first encountered such clients as a new practitioner, she devoted a fair amount of time attempting to

get these clients more involved in the veterinary process. She also devoted a fair amount of time to ranting and raving to her colleagues about the negative effects these clients’ lack of compliance had on their animals’ health. However, once she became more familiar with the practice’s clients, she realized that many of them were not the animal’s primary caregiver. They just happened to live in the same household with that person or agreed to be present for the animal’s examination because the primary caregiver could not for some reason. Once the practitioner realized this, she made a note in the client’s record to follow up such appointments with a call to the primary caregiver to determine if that person had any questions about the animal’s condition or any prescribed treatments.

Compared to these clients, the Roger Secours in the client base appear to be exactly the opposite. This most likely explains why practitioners may feel so frustrated when subsequent visits make it clear that these clients have not cared for their animals as directed. Were they not listening when they acted like they were? Or were they listening, but for some reason not receiving the message the practitioners thought they were clearly communicating? Worse, the messages these clients were receiving from the veterinarian apparently made sense to them because they asked meaningful questions relevant to these. Consequently, these clients’ verbal and nonverbal communications were consistent with that of a client who interpreted the veterinarian’s message as sent. And this, in turn, caused the practitioner to assume that the client perceived the animal’s condition and any treatment for it the same way the veterinarian did...until the next appointment or phone call when it becomes clear the client has not.

For as inexplicable as these cases appear to be, such breakdowns in communication arise from the different perspectives of the veterinarian and the client. Dr. Hagendorf’s message is one that reflects her problem-oriented approach to Marie’s skin problem and its treatment. Mr. Secour listens to this attentively and even asks meaningful questions at times. He fully agrees with the veterinarian’s view of the problem and its treatment and has no questions about it. However, he also knows that the circumstances in his household are such that implementing that treatment may be easier some days than others.

Whereas inexperienced practitioners may be tempted to huff, “Well, if these clients *really* valued their animals they’d find some

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way to treat their animals properly!” more experienced ones acknowledge that the same might be said of practitioners who do not know their clients very well.

For example, Dr. Hagendorf works in a large, multi-practitioner practice located in a bedroom community of a large metropolitan area. At the same time though, many community properties are large enough to attract horse-lovers and those seeking to establish very small holdings with a variety of livestock. Thanks to the miracle of technology, clients who request an appointment may or may not see the same clinician they have seen before. From the clinicians' perspective, this poses no problem because the practitioners all have access to each client's record. Thus, although individual clinicians came and went in the years since the system was installed, theoretically this did not interfere with quality practitioner-client communication. However, a different perspective emerges when Dr. Hagendorf runs into the garrulous now-retired veterinarian, Dr. DiLuzio, who had founded the practice more than 5 decades previously. When she mentions Mr. Secour because she knows he lives near Dr. DiLuzio, Dr. DiLuzio exclaims, “Now there's a sad case!”

Dr. DiLuzio goes on to explain that Roger Secour's mother suffers from dementia and lives with Mr. Secour, his wife, their 3 children, and their dog Marie. As often occurs in these situations, his mother has good days and bad ones. Because only the dog seems to stabilize his mother on her bad days, Mr. Secour and his wife are reluctant to separate the dog from his mother on those days she clings to the animal for comfort.

“Oh, I'm so sorry to hear that! If only he'd told me, I would have understood,” replies the younger veterinarian.

But even as Dr. Hagendorf says this, she knows that the reserved Mr. Secour would not have volunteered this information. Dr. DiLuzio admitted that he would not have known either, had he not been a part of this community for his entire life. However, by this “community,” he meant the area he grew up in and to which he returned to start a practice after he graduated from veterinary school. Since then, that farming community has morphed into a suburban and urban center in a remarkably short time. This occurred thanks to an influx of corporations and a community college that grew into a well-respected residential one. And like the large multi-veterinarian facility that ultimately replaced Dr. DiLuzio's small practice,

access to increasingly sophisticated communication technology made this rapid rate of change possible.

Although Dr. DiLuzio did not long for the good old days, he also acknowledged that the increased pace and fluidity of the current practice, and society in general, could make quality communication between practitioners and their clients more difficult. Until his retirement, he was the only veterinary practitioner Roger Secour and his parents had known. During that time, they had come to know each other well. As the practice grew and began adding other veterinarians, Dr. DiLuzio strived to maintain those closer relationships. But when he retired, that established clinician-client connection and the trust that went with it was lost. Nor did the current scheduling system foster the formation of such relationships.

“But that's not necessarily a bad thing,” Dr. DiLuzio assured the younger veterinarian. “Because there's nothing in Marie's record to tell you what I knew from my personal relationship with the Secours, there's no reason why you can't ask Roger if there's any reason why Marie might not be receiving her medicated baths and other medications as directed. When you broach the subject like that and with the idea of giving him alternatives that address those issues, I'm sure he'll be more forthcoming.”

The context in which practitioners communicate with clients and clients receive this input always will be different in one way or another. And if the practitioner's and client's respective orientations do not interfere with quality care for the animal, it does not matter. In situations in which these differences do interfere with the animal's treatment and health, learning more about the interactions between the animal, the client, and others in the household may affect the practitioner's recommendations and the animal's treatment which becomes a viable and even necessary option to consider. Will any work or family obligations interfere with the client's ability to medicate the animal as directed? Does the nature of the bond between the client or others in the household support the treatment as prescribed by the practitioner? It is possible for clients to fully comprehend and agree with any treatments their veterinarians prescribed for their animals. However, a gap may exist between that comprehension and successful implementation of those treatments at home.